INTRODUCTION

In 1991, I published a comprehensive review of dissociative (psychogenic) amnesia (DA) and dissociative (psychogenic) fugue (DF), emphasizing the relationship of these conditions to overwhelming psychological trauma (Loewenstein, 1991b). Since the publication of that work, several additional studies have been published that support the basic premises of that review. Also, I have recently published a review of treatment of dissociative amnesia and dissociative fugue (Loewenstein, 1995). In addition, however, there has arisen an intense public and academic controversy about the validity of delayed adult recollections of childhood traumatic events, particularly those for which the individual reports prior amnesia (Loftus, 1993). Further, critics of the dissociation-trauma model have questioned whether DA for traumatic events ever occurs (McHugh, 1992). This chapter will update the prior review. In addition, however, I will discuss issues in the current controversy over the delayed recollection of traumatic events.

DIAGNOSTIC CRITERIA

The diagnostic criteria for DA and DF are found in Table 1 (American Psychiatric Association, 1994). The *Diagnostic and Statistical Manual of Mental Dis-
Diagnostic criteria for dissociative amnesia

1. The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.
2. The disturbance does not occur exclusively during the course of dissociative identity disorder, dissociative fugue, posttraumatic stress disorder, acute stress disorder, or somatization disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a neurological or other general medical condition (e.g., amnestic disorder due to head trauma).
3. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Diagnostic criteria for dissociative fugue

1. The predominant disturbance is sudden, unexpected travel away from home or one’s customary place of work, with inability to recall one’s past.
2. Confusion about personal identity or assumption of a new identity (partial or complete).
3. The disturbance does not occur exclusively during the course of dissociative identity disorder and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., temporal lobe epilepsy).
4. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

orders, 4th edition (DSM-IV) criteria for DA differ from DSM-III-R version in that the relationship to traumatic events and the chronic, recurrent nature of this condition are emphasized. The DSM-IV criteria for DF have changed in that they no longer require the development of an alternate identity at the termination of a fugue. Both of these changes were supported by recent systematic data or by expert consensus (Coons & Millstein, 1992).

Types of Dissociative Amnesia

Following Janet (1901), the discussion of amnesia in DSM-IV describes several types of disturbance in the process of recall in this disorder. These are listed in Table 2. In addition, there are a variety of disturbances in the content of memory that characterize DA, most of which are forms of localized, selective, and systematized amnesias (Table 3). Many patients meeting diagnostic criteria for DA or DF will actually have a far more extensive history of amnesia, fugue states, and dissociation if closely questioned in the clinical interview or followed up longitudinally. Thus, they will ultimately meet diagnostic criteria for dissociative identity disorder (DID) or dissociative disorder not otherwise specified (DDNOS) (Kluft, 1985). For a full discussion of the clinical presentation of individuals with complex forms of dissociative amnesia, see Loewenstein (1991a,b).